



Croak Book: Information & Document Locator

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General Items - documents that should always be readily available

Document(s)	X	Location
List of Key Contacts		
Social Security Card(s)		
Birth Certificate(s)		
Passport/Citizenship (naturalization) papers		
Driver's License # and Expiration Date		
Adoption papers		
Marriage Certificate		
Pre-nuptial agreement		
Divorce or separation papers		
Custody agreement		
Safes and combinations		
Safe deposit boxes and keys		
Medical records		

Items that may be needed soon after someone dies

Document(s)	X	Location
Last Will and Testament		
Military Discharge Papers		
Burial instructions		
Cemetery plot deed		
Pre-paid cremation documents		
Funeral home preference and information		
Charitable donation preference(s)		
Letter of instruction (if available) from the deceased to his/her executor or executrix		
Death Certificate (the number of death certificates requested from the funeral director should equal the number of accounts or title of ownership of the deceased)		
Phone number/ addresses of County Surrogate Court (the county court or clerk's office where the decedent resided handles the estate matters and will probate the Last Will and Testament. The executor obtains sufficient number of Certificates to use with each Death Certificate in transferring ownership of accounts, titles, etc.)		
Information for obituaries (resume)		

Investment Documents

Document(s)	X	Location
Brokerage Account Statements		
Mutual Fund Account Statements		
Individual Retirement Plan Statements		
Company retirement plan statements from all employers		
Other company benefits (deferred compensation)		
Stock certificates not held in an account		
Bearer Bonds not held in an account		
Bond Certificates		
Savings Bonds		
Alternative investment documents (including K-1s)		
Investment club documents/records		
529 College Savings plan statements		
On-line securities transaction information		
Beneficiary forms for IRAs, 401ks, or other benefits plans		
Documents showing cost basis of securities owned or sold		
Leases		

Insurance & Annuity Documents

Document(s)	X	Location
Life insurance policy documents		
Group life policies		
Health and accident insurance ID cards & claim records		
Variable annuity or fixed annuity statements/documents		
Mortgage insurance policy		
Travel insurance policy		
Property & casualty policy documents		
Veterans administration insurance papers		
Beneficiary forms for insurance or annuity policies		
General Insurance Policies		

Personal Financial Documents

Document(s)	X	Location
Appraisal/Inventory of valuable items (home, artwork, collectibles)		
By/sell or partnership agreements		
Deferred compensation agreement documents		
Federal/state gift-tax returns		
Prior years' tax returns		
Motor vehicle title papers		
Lawsuit or documents pending legal actions		
Promissory notes (debts owed)		
Loans outstanding (money owed)		
Mortgage documents		
Medical bills, prescription plan cards/records		
Property and school tax records		
Real estate deeds, other title of ownership		
Rental and/or lease agreements		
Trust documents/agreements		
Business Agreements		
Employment or Consulting Agreements		

Bank/Credit Documents

Document(s)	X	Location
Checking or money market account statements		
Checks (checking or money market)		
Passbook savings accounts		
Credit cards and account statements		
Credit union account books or statements		

Key Contacts

Family & Friends

Name	Address	Phone number	Email Address

Family Advisors

Profession	Name/Firm	Phone Number/Email	Address
Accountant			
Insurance Agent			
Financial Advisor or Planner			
Physician			
Attorney			

Personal Information

Individual Information

Full Legal Name (including maiden name)			
Address			
Home Phone		Work Phone	
Cell Phone			
Date of Birth		Place of Birth	
Parents' Names			
Siblings' Names			
Employer & Occupation			
Educational Level			
Military Service		Rank & Serial Number	
Marital Status			

Spouse's Personal Information

Full Legal Name (including maiden name)			
Address			
Home Phone		Work Phone	
Cell Phone			
Date of Birth		Place of Birth	
Parents' Names			
Siblings' Names			
Employer & Occupation			
Educational Level			
Military Service		Rank & Serial Number	
Marital Status			

Personal Information Continued

		You		Your Spouse	
Are you a U.S. Citizen?		Yes	No	Yes	No
Do you have a will or trust?		Yes	No	Yes	No
If so, what is the Tax ID# for the Trust?					
Are you expecting to receive property or money from (circle all that apply)		Gift	Inheritance	Gift	Inheritance
		Lawsuit	Other	Lawsuit	Other
If so, approximately how much?					
How many children do you have?					
Are all your children legally yours (natural or legally adopted?)		Yes	No	Yes	No
If not, how many children are legally yours?					
In which state do you vote?					
Which state issued your drivers license?					
In which state is your car registered?					
Is your car leased?		Yes	No	Yes	No
If so, where is it leased from?					
In which state(s) do you own real estate?					
Do you pay state income tax?		Yes	No	Yes	No
If so, to which state?					
Have you ever lived in a Community Property State?		Yes	No	Yes	No
Do you have a pre-nuptial agreement?		Yes	No	Yes	No
Do you have a divorce decree affecting your pension or other property rights?		Yes	No	Yes	No

Financial Information

Owned Real Estate

Description & Location	Title in whose name	Purchase Price	Market Value	Mortgage	Equity	Primary residence?

Other Owned Titled Property (car, boat, motor home, etc)

Description & Location	Title in whose name	Purchase Price	Market Value	Mortgage	Equity

Rented property (car, boat, motor home, etc)

Description & Location	Rented from	Return Date

Financial Information Continued

Checking Accounts

Name of Bank	Titled in whose name	Approximate Balance

Interest Bearing Accounts (savings, money market, CD)

Name of Bank	Titled in whose name	Approximate Balance

Stocks, bonds, or mutual funds NOT held in an investment account (i.e., held in certificate form or held at the transfer agent)

# of Shares	Name of Security	Titled in whose name	Purchase Price & Date	Current Value

Profit Sharing, IRAs, Roth IRAs, SEPs, or pension plans?

Description/Location	Beneficiary	Current Value

Life insurance policies and/or annuities

Name of Company	Insured Name	Policy Owner	Primary Beneficiary	Contingent Beneficiary	Death Benefit

Does anyone owe you money, property, etc?

Description	Name of Individual	Contact Information	Approximate Value

Special Items of Value (coin collections, antiques, jewelry, etc.)

Description	Approximate Value

What is the approximate total value of all your remaining personal property - whatever you own that has not been included above? (clothes, furniture, etc.)

Estimate \$ _____

Any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)

Description	Approximate Value

Safe Deposit Box(es), PO Box(es), Locker, House Safe

Location	Titled in whose name	Location of key

ATM Cards	
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ATMCard Number	
Pin Number	

ATMCard Number	
Pin Number	

ATMCard Number	
Pin Number	

Credit Cards	
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Card type (ex. Visa, AMEX, etc.)	
Billing Address	
Account Number	
Interest Rate	

Card type (ex. Visa, AMEX, etc.)	
Billing Address	
Account Number	
Interest Rate	

Card type (ex. Visa, AMEX, etc.)	
Billing Address	
Account Number	
Interest Rate	

Card type (ex. Visa, AMEX, etc.)	
Billing Address	
Account Number	
Interest Rate	

Special Instructions for Funeral & Burial

	You		Your Spouse	
Do you have a cemetery lot?	Yes	No	Yes	No

If yes, where is it located? If no, where would you prefer to be laid to rest?

Name of Cemetery	City	State

What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation? (answer below)

Beneficiaries

Special Gift to Organizations- cash or a specific item to a charity, foundation, religious, or fraternal organization

Name of Organization	Description of Gift or Amount	Alternate Beneficiary

Special Gifts to Organizations- cash or a specific item to a family member or other individual (i.e., wedding ring, gun collection, etc.)

Name of Organization	Description of Gift or Amount	Alternate Beneficiary

Children

Name	Age	Address	T= This Marriage P = Previous Marriage	Married? Y or N	# of children

Grandchildren

Name	Age	Address	Married? Y or N	# of children

List Parents (if living)

Name	Address	Age

List Siblings (if living)

Name	Address	Age

Dependents who require specialcare

Name	Description of Special Care Needs

Disinheriting- any relatives that you specifically do not want to receive anything

Name	Address

Do you wish to disinherit anyone who contests your will?

Yes

No

Online Logins and Passwords

Financial Sites

Name of Site	Username	Password

Email Accounts

Name of Site	Username	Password

Social Media Accounts

Name of Site	Username	Password

Insurance Information

Insurance Company Name			
Address			
Phone Number			
Life Insurance Policy Number			
Disability Policy Number			
Death Benefits			
Beneficiary			
Long Term Care Policy			
Policy Location			

Insurance Company Name			
Agent			
Address			
Phone Number			
Homeowner Policy Number			
Auto Policy Number			
Umbrella Policy Number			
Policy Location			

Insurance Company Name			
Address			
Phone Number			
Life Insurance Policy Number			
Disability Policy Number			
Death Benefits			
Beneficiary			
Long Term Care Policy			
Policy Location			

Personal Information for Long-Term Care

Self

Full Legal Name			
Address			
Social Security Number			
Birth Date		Place of Birth	
Driver's License Number		Passport Number	
Primary Care Physician Name			
Primary Care Physician Phone			
Health Insurance Plan Name & ID Number			
Blood Type			
Allergies			
Medications & Dosage			
Dentist Name & Phone			
Employer & Address			
Work Phone			
HR Contact Name & Phone			
Supervisor Name & Phone			

Emergency Contacts

Name			
Home Phone #		Cell Phone #	

Name			
Home Phone #		Cell Phone #	

Name			
Home Phone #		Cell Phone #	

Spouse Information for Long-Term Care

Full Legal Name			
Address			
Social Security Number			
Birth Date		Place of Birth	
Driver's License Number		Passport Number	
Primary Care Physician Name			
Primary Care Physician Phone			
Health Insurance Plan Name & ID Number			
Blood Type			
Allergies			
Medications & Dosage			
Dentist Name & Phone			
Employer & Address			
Work Phone			
HR Contact Name & Phone			
Supervisor Name & Phone			

Emergency Contacts

Name			
Home Phone #		Cell Phone #	
Name			
Home Phone #		Cell Phone #	
Name			
Home Phone #		Cell Phone #	

Children Long-Term Care

Pediatrician Name & Phone	
Pediatrician Address	
Dentist Name & Phone	
Dentist Address	
Specialist Name & Phone	
Specialist Address	
Daycare Provider & Phone	
Daycare Provider Address	

Full Legal Name			
Social Security #		Birth Date	
Passport #			
School Name		School Phone #	
Health Insurance Plan Name and ID#			
Medications & Dosage			
Blood Type			
Allergies			

Full Legal Name			
Social Security #		Birth Date	
Passport #			
School Name		School Phone #	
Health Insurance Plan Name and ID#			
Medications & Dosage			
Blood Type			
Allergies			

Children Long-Term Care Continued

Full Legal Name			
Social Security #		Birth Date	
Passport #			
School Name		School Phone #	
Health Insurance Plan Name and ID#			
Medications & Dosage			
Blood Type			
Allergies			

Full Legal Name			
Social Security #		Birth Date	
Passport #			
School Name		School Phone #	
Health Insurance Plan Name and ID#			
Medications & Dosage			
Blood Type			
Allergies			

Medical History

Name			
I have been treated for...			
I am allergic to the following drugs....			
I am an organ donor	Yes	No	

Physician Name	
Treats me for	
Address/Clinic	

Physician Name	
Treats me for	
Address/Clinic	

Physician Name	
Treats me for	
Address/Clinic	

Physician Name	
Treats me for	
Address/Clinic	

Medical History

Name			
I have been treated for....			
I am allergic to the following drugs....			
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Physician Name			
Treats me for			
Address/Clinic			

Physician Name			
Treats me for			
Address/Clinic			

Physician Name			
Treats me for			
Address/Clinic			

Physician Name			
Treats me for			
Address/Clinic			